

child was otherwise healthy, taking no medications, and had no allergies.

Examination revealed tenderness with slight swelling proximal to the olecranon. The patient reported increased pain with flexion and extension against resistance.

Treatment consisted of the administration of ibuprofen and discontinuation of the precipitating trauma. On follow-up nine days later, the syndrome had resolved. Long-term recommendations included support of the elbow on a firm surface during Nintendo playing and the use of nonsteroidal medication as needed.

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### Primary Care Professionals' Attitudes Regarding Compulsory HIV Testing

TO THE EDITOR: In 1991, as part of a larger human immunodeficiency virus (HIV) needs assessment survey of Washington State health care professionals' knowledge, attitudes, and training, 3,060 currently licensed Washington State primary care professionals identified as either dentists, dental hygienists, physicians, physician assistants, nurses, or nurse practitioners were surveyed by mail regarding their attitudes about compulsory testing of all hospital admissions, surgical admissions, all health care workers, and health care workers who do invasive procedures.\* Of the primary care professionals surveyed, 36% completed and returned the anonymous survey within the time allowed. Response rates varied among professional groups, with dental hygienists and nurse practitioners providing the highest response rates (55% and 46%, respectively) and physicians providing the lowest (31%).

Most of those who responded worked in an urban community (77%) and in either a hospital (32%) or in private practice (33%); 37% completed their professional training after 1979 and 26% before 1970. Nearly all (96%) had attended conferences or presentations on the acquired immunodeficiency syndrome (AIDS), and 37% reported having been tested for HIV. Of those who responded, 31% and 44% reported not ever having knowingly worked with any HIV-seropositive or AIDS patients, respectively.

Support for compulsory testing was lowest for the indiscriminate testing of all health care professionals (39%) and highest for the testing of persons admitted to hospital for surgical procedures (51%). Of the combined sample, 45% supported compulsory testing of all hospital admissions; 43% supported the testing of health care professionals who do invasive procedures.

$\chi^2$  Analyses indicated significant differences among groups in attitudes regarding compulsory testing of all hospital admissions ( $P = .001$ ), all surgical admissions ( $P = .001$ ), and all health care professionals ( $P = .006$ ). Dentists, more than any other professional group, supported

compulsory testing. No significant differences among groups were found in attitudes regarding compulsory testing of health care professionals who do invasive procedures.

Significantly discrepant views were found in the combined sample's attitudes regarding compulsory testing of all health care professionals versus those who do invasive procedures, all hospital admissions versus surgical admissions, and all hospital admissions versus all health care professionals. There was significantly more support for testing health care professionals who do invasive procedures than all health care professionals ( $P = .001$ ), testing those admitted for surgical procedures than all hospital admissions ( $P = .001$ ), and testing those admitted to hospital than all health care professionals ( $P = .001$ ).

Health care professionals in private practice favored the compulsory testing of all populations significantly more than did those working in hospitals, clinics, and other practice settings ( $P \leq .01$ ). Similarly, those who had not worked with any HIV-positive or AIDS patients favored testing all populations significantly more than those who had worked with HIV-positive or AIDS patients ( $P \leq .01$ ). Those who reported having been tested for HIV favored compulsory testing of all persons admitted to hospital and all health care professionals significantly more than did those who had not been tested ( $P = .001$ ). In general, rural professionals and those who completed their professional training before 1979 tended more than their counterparts to favor testing.

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### More on the Gag Rule

TO THE EDITOR: This is in response to Dr Hammons's letter<sup>1</sup> in the December 1991 issue regarding the Supreme Court upholding the government's regulations that physicians at family planning clinics should no longer receive federal funds if they discuss abortion with their patients. Dr Hammons writes, "If I and many Americans like me choose to believe that abortion is not a viable alternative for unexpected pregnancies, then one of the ways that we support our beliefs is by insisting that we should not have to pay for such counseling through our tax dollars."

If I and many Americans like me, as Jehovah's Witnesses, choose to believe that blood transfusions are not a viable option during a surgical procedure, should clinics that receive federal funds no longer be permitted to discuss blood transfusions? And those many American Latter Day Saints who choose to believe that artificial birth control is not a viable option? If small (or large) groups of religious American zealots are allowed to dictate what medical or surgical options may be discussed by physicians who work in federally funded clinics, we will be unable to provide the best medical care available for those patients.

I agree with Dr Hammons that this is not a freedom of speech issue. It is an attempt by a religious minority to force its beliefs on others.

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